

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756206

FILED
Mar 25, 2009
Secretary of State

Entity Name: ALACHUA COUNTY MEDICAL SOCIETY FOUNDATION, INC.

Current Principal Place of Business:

235 SOUTHWEST SECOND AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

235 SOUTHWEST SECOND AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2065918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, SALLY J PHD
235 SW 2ND AVE.
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ROSENBERG, JASON J MD
Address: 235 SW 2 AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: PAULY, DANIEL MD
Address: 235 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: JONES, RONALD MD
Address: 235 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: EV () Delete
Name: LAWRENCE, SALLY J PHD
Address: 235 SW 2ND AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: MD () Delete
Name: BEAVER, THOMAS MD
Address: 235 SOUTHWEST SECOND AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete
Name: RAINS, CAROLINE MD
Address: 235 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY J. LAWRENCE

VP

03/25/2009

Electronic Signature of Signing Officer or Director

Date